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CONFIRMATION NO. 4916

Bib Data Sheet

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|--|---|--------------------------------|---|--|
| SERIAL NUMBER 10/036,445 | FILING DATE 01/07/2002 RULE | CLASS 604 | GROUP ART UNIT 3763 | ATTORNEY DOCKET NO. WO-370.009 |
| APPLICANTS Eric C. Martin, Croton On Hudson, NY; | | | | |
| ** CONTINUING DATA ***** <i>none</i> | | | | |
| ** FOREIGN APPLICATIONS ***** <i>none</i> | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 01/31/2002 | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | STATE OR COUNTRY NY | SHEETS DRAWING 6 | TOTAL CLAIMS 49 |
| Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i> | | INDEPENDENT CLAIMS 3 | | |
| ADDRESS FULBRIGHT & JAWORSKI L.L.P. Robert J. Koch Market Square 801 Pennsylvania Avenue, N.W. Washington, DC 20004-2615 | | | | |
| TITLE Bifurcated stent for percutaneous arterialization of the coronary sinus and retrograde perfusion of the myocardium | | | | |
| FILING FEE RECEIVED 631 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____ | |